



**US Army Corps
of Engineers**
Portland District

JOINT PERMIT APPLICATION FORM

THIS APPLICATION WILL MEET THE REQUIREMENTS OF BOTH AGENCIES



AGENCIES WILL ASSIGN NUMBERS

Corps Action ID Number _____ Oregon Division of State Lands Number _____

SEND ONE SIGNED COPY OF YOUR APPLICATION TO EACH AGENCY

District Engineer
ATTN: CENWP-OP-GP
P.O. Box 2946
Portland, OR 97208-2946
503-808-4373

State of Oregon
Division of State Lands
775 Summer Street N.E.
Salem, OR 97310
503-378-3805

1. APPLICANT NAME: _____ Business Phone #: _____
Address: _____ Home Phone #: _____
FAX #: _____

☐ Co-Applicant

☐ Authorized Agent

☐ Contractor

Name: _____
Address: _____

Business Phone #: _____
Home Phone #: _____
FAX #: _____

Property Owner (if different than applicant)

Name: _____
Address: _____

Business Phone #: _____
Home Phone #: _____
FAX #: _____

2. PROJECT LOCATION

Street, road or other descriptive location	Legal Description			
	Quarter	Section	Township <input type="checkbox"/> North <input type="checkbox"/> South	Range <input type="checkbox"/> East <input type="checkbox"/> West

In or Near (City or Town) _____ County _____ Tax Map # _____ Tax Lot # _____
Waterway _____ River Mile _____ Latitude _____ Longitude _____

Is consent to enter property granted to the Corps and the Division of State Lands? ☐ Yes ☐ No

3. PROPOSED PROJECT INFORMATION

Activity Type: ☐ Fill ☐ Excavation (removal) ☐ In-Water Structure ☐ Maintain/Repair an Existing Structure

Brief Description:

Fill will involve _____ cubic yards annually and/or _____ cubic yards for the total project
_____ cubic yards in a wetland or below the ordinary high water or high tide line

Fill will be: ☐ Riprap ☐ Rock ☐ Gravel ☐ Sand ☐ Silt ☐ Clay ☐ Organics ☐ Other _____

Fill Impact Area is _____ Acres; _____ length; _____ width; _____ depth

Removal will involve _____ cubic yards annually and/or _____ cubic yards for the total project
_____ cubic yards below the ordinary high water or high tide line

Removal will be: ☐ Riprap ☐ Rock ☐ Gravel ☐ Sand ☐ Silt ☐ Clay ☐ Organics ☐ Other _____

Removal Impact Area is _____ Acres; _____ length; _____ width; _____ depth

Is the Disposal area: Upland? ☐ Yes ☐ No Wetland/Waterway? ☐ Yes ☐ No

Are you aware of any Endangered Species on the project site?	Yes	No
Are you aware of any Cultural Resources on the project site?		
Is the project site near a Wild and Scenic River?		

If Yes, please explain in the project description (on page 2, block 4).

4. PROPOSED PROJECT PURPOSE AND DESCRIPTION

Project Purpose and Need:

Project Description:

How many project drawing sheets are included with this application? _____

NOTE: A complete application must include drawings and a location map submitted on separate 8-1/2 x 11 sheets.

Will any material, construction debris, runoff, etc. enter a wetland or waterway? ☐ Yes ☐ No

If yes, describe the type of discharge (above) and show the discharge location on the site plan.

Estimated Start Date _____ Estimated Completion Date _____

5. PROJECT IMPACTS AND ALTERNATIVES

Describe alternative sites and project designs that were considered to avoid impacts to the waterway or wetland.

Describe what measures you will use (before and after construction) to minimize impacts to the waterway or wetland.

NOTE: If necessary, use additional sheets.

6. ADDITIONAL INFORMATION

Adjoining Property Owners and Their Addresses and Phone Numbers.

Has the proposed activity or any related activity received the attention of the Corps of Engineers or the State of Oregon in the past, e.g., wetland delineation, violation, permit, lease request, etc.?

☐ Yes ☐ No

If yes, what identification number(s) were assigned by the respective agencies?

Corps # _____ State of Oregon # _____

7. CITY/COUNTY PLANNING DEPARTMENT AFFIDAVIT (to be completed by local planning official)

- ☐ This project is not regulated by the local comprehensive plan and zoning ordinance.
- ☐ This project has been reviewed and is consistent with the local comprehensive plan and zoning ordinance.
- ☐ This project has been reviewed and is **not** consistent with the local comprehensive plan and zoning ordinance.
- ☐ Consistency of this project with the local planning ordinance cannot be determined until the following local approval(s) are obtained:

- ☐ Conditional Use Approval
☐ Development Permit
☐ Plan Amendment
☐ Zone Change
☐ Other _____

An application ☐ has ☐ has not been made for local approvals checked above.

Signature (of local planning official)

Title

City/County

Date

8. COASTAL ZONE CERTIFICATION

If the proposed activity described in your permit application is within the Oregon coastal zone, the following certification is required before your application can be processed. A public notice will be issued with the certification statement which will be forwarded to the Oregon Department of Land Conservation and Development (DLCD) for its concurrence or objection. For additional information on the Oregon Coastal Zone Management Program, contact the department at 1175 Court Street N.E., Salem, Oregon 97310 or call 503-373-0050.

Certification Statement

I certify that, to the best of my knowledge and belief, the proposed activity described in this application complies with the approved Oregon Coastal Zone Management Program and will be completed in a manner consistent with the program.

Print/Type Name

Title

Applicant Signature

Date

9. SIGNATURE FOR JOINT APPLICATION (REQUIRED)

Application is hereby made for the activities described herein. I certify that I am familiar with the information contained in the application, and, to the best of my knowledge and belief, this information is true, complete, and accurate. I further certify that I possess the authority including the necessary requisite property interests to undertake the proposed activities. I understand that the granting of other permits by local, county, state or federal agencies does not release me from the requirements of obtaining the permits requested before commencing the project. I understand that local permits may be required before the state removal-fill permit is issued. I understand that payment of the required state processing fee does not guarantee permit issuance.

Print/Type Name (co-applicant)

Title

Applicant Signature (co-applicant)

Date

I certify that I may act as the duly authorized agent of the applicant.

Print/Type Name

Title

Authorized Agent Signature

Date

SUPPLEMENTAL WETLAND IMPACT INFORMATION*
(FOR WETLAND FILLS ONLY)

Site Conditions of impact area

Impact area is: ☐ Ocean ☐ Estuary ☐ River ☐ Lake ☐ Stream ☐ Freshwater Wetland

Note: Estuarian Resource Replacement is required by state law for projects involving intertidal or tidal marsh alterations. A separate Wetlands Resource Compensation Plan may be appended to the application.

Has a wetland delineation been completed for this site? ☐ Yes ☐ No

If yes, by whom:

Describe the existing physical and biological character of the wetland/waterway site by area and type of resource (use separate sheets and photos, if necessary).

Resource Replacement Mitigation

Describe measures to be taken to replace unavoidably impacted wetland resources.

* Because this information is not necessary for a complete application, you may submit this sheet and other environmental information after submitting your application.